



**NDT Inspection Form**  
**SWA3**

Work Order \_\_\_\_\_

Customer \_\_\_\_\_

Serial Number \_\_\_\_\_

Date \_\_\_\_\_

**MAGNAFLUX**

Part Number	Description	Quantity	Pass/Fail
SWA3-100	Upper End		
SWA3-200	Lower End		

Test Conducted By:

\_\_\_\_\_  
Technician

Signature:

\_\_\_\_\_  
Director of Quality Assurance